



Frog Hoppers Summer Camp



Form Packet

2 registration form

If you registered and paid online, you are still required to fill out this form for submission with your packet.

Camper Name _____

Grade _____ (circle one) Male Female Age _____ Date of birth _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian name _____

Phone _____ Alternate phone _____

Email _____

\$140 per session (\$112 for May 31-June 2 (closed May 30) and July 5-8 (closed on July 4); \$35 for final day (Aug. 8))

_____ Session 1, May 31-June 3, course 5638

_____ Session 2, June 6-10, course 5640

_____ Session 3, June 13-17, course 5641

_____ Session 4, June 20-24, course 5642

_____ Session 5, June 27-July 1, course 5643

_____ Session 6, July 5-8, \$112, course 5644

_____ Session 7, July 11-15, course 5645

_____ Session 8, July 18-22, course 5646

_____ Session 9, July 25-29, course 5647

_____ Session 10, Aug. 1-5, course 5639

_____ Final Day, Aug. 8, \$35, course 5637

Total: \$ _____

Make checks payable to Montgomery County Parks and Recreation, 755 Roanoke St., Suite 1E. We also accept Visa, MasterCard, Discover, American Express and cash.

Card number _____ Expiration _____

Notes:

- children are eligible for camp from the time they're entering 1st grade to the time they leave 5th grade
- all forms in this packet must be turned in - along with a copy of your child's birth certificate, immunization record and last physical exam - before you can consider your child fully registered for camp
- the registration deadline for each week is the prior Wednesday, no exceptions

WAIVER: In order to participate in said program, as parent or guardian for said participant, I assume the risk of any and all injuries to participant by the participant. I hereby agree to indemnify and hold harmless the Montgomery County Parks and Recreation Department, its successors, assigns and the Montgomery County Board of Supervisors from any and all claims for any and all injuries suffered or caused by said participant due to participation in said activity. It is likewise assumed that said participant will wear the proper clothing and protective equipment during said program and that is the responsibility of the parent or guardian to make sure the criteria is met. I grant my permission to transport said participant to and from said event when required and physician or hospital for medical treatment and agree to allow for immediate first aid to the injured said participant when necessary. I hereby give permission for Montgomery County staff to provide basic First Aid and seek emergency medical transportation if needed. I authorize emergency personnel to treat me or my child in case of an emergency. In the instance of non-traumatic injury or medical emergency, the participant will be taken to the closest hospital. The parent(s)/guardian authorizes Montgomery County Parks and Recreation and Frog Hoppers Summer Camp staff to obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately.

Parent/Guardian Signature _____ Date _____



agreements

- Frog Hopper Summer Camp agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian will arrange to have the child picked up as soon as possible if it is requested by camp staff.
- The parent/guardian authorizes the staff at Frog Hoppers Summer Camp to obtain immediate medical care if any emergency occurs when the parent cannot be located immediately.
- If there is an objection to seeking emergency medical care, attach a statement to these forms stating the objection and the reason for the objection.
- In accordance with section 8.01-40 of the Code of Virginia, I hereby give permission for my child to be photographed and give the department permission to distribute such photographs and identification.

Parent/Guardian Signature _____ Date _____

MCPR Staff Signature _____ Date _____

4 health/medical information

Camper Name _____

Frog Hoppers Summer Camp Staff has my permission to administer the following medication(s):

Drug name and/or prescription number: _____

Dosage given: _____

Time(s) to be given: _____

Special instructions: _____

- I understand that this medication will be returned to the parent at the end of each session and/or if it is no longer required.
- I understand that all medication shall be labeled with child's name, the name of the medication, the dosage amount and the time(s) to be given. Prescription medication shall be in the original container with the prescription label attached. Only enough medication for the week shall be provided.

Parent/Guardian Signature _____ Date _____

Camp Supervisor Signature _____ Date _____

| | | |
|----------------|-------------|-----------------|
| Sunscreen: | OKAY TO USE | NOT OKAY TO USE |
| Bug Repellent: | OKAY TO USE | NOT OKAY TO USE |

Does the participant have an illness, medical condition or physical/developmental disability?
YES NO

If YES, please explain the condition and to what extent it will impact your child's participation or physical abilities: _____

Does the participant use an EpiPen?
YES NO

Does the participant use an inhaler?
YES NO

Does the participant have any food allergies?

YES NO

If YES, please explain: _____

Does the participant have Diabetes or a related disease?

YES NO

Does the participant use insulin?

YES NO

Has participant had a tetanus shot in the last 5 years?

YES NO

Does the participant have a history of heart-related problems or another serious conditions?

YES NO

If YES, please explain: _____

Are all other vaccinations current?

YES NO

If NO, please explain: _____

Please list any dietary restrictions: _____

Is English the participant's primary language?

YES NO

Please describe the participant's swimming ability:

NON-SWIMMER BEGINNING INTERMEDIATE ADVANCED

Primary care doctor or practice: _____

Doctor's phone: _____

Have you checked your child and found them to be lice free?

YES NO

Please note: Lice will exclude participant upon detection.

6 frog pond permission form

Montgomery County Parks and Recreation Frog Pond Swimming Pool rules may be found in your Frog Hoppers Parent Handbook.

Frog Hoppers Campers are scheduled to attend the Frog Pond in the morning every day before the pool opens to the general public. Lifeguards are on duty and camp staff is present to supervise campers. Life jackets are also available to campers who need them.

_____ has permission to swim at the Montgomery County Frog Pond Swimming Pool.

_____ may not swim at the Montgomery County Frog Pond Swimming Pool.

_____ My camper is required to wear a life jacket (PFD) to swim at the Frog Pond Swimming Pool.

_____ I would like for my child to receive swimming lessons at the Frog Pond Swimming Pool.

Parent/Guardian Signature _____ Date _____

field trip form

Some sessions of the Frog Hoppers Summer Camp program may take a field trip to an offsite location. This form gives permission to Montgomery County Parks and Recreation to transport your child. Prior notice will be given if a field trip is planned.

I give my permission for _____ to be transported by Montgomery County Parks and Recreation and the Frog Hoppers Summer Camp to an offsite location for field trips during the summer. Montgomery County School buses or Blacksburg Transit will provide transportation to campers and staff.

Parent/Guardian Signature _____ Date _____

camper release form

I give permission for my child, _____, to leave Frog Hoppers Summer Camp with the person(s) listed below (include yourself on the list).

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Must be able to show valid identification for child pick-up.

You may NOT release my child to any person listed below.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Parent/Guardian Signature _____ Date _____

8 policy on dismissal

The program and schedule for Frog Hoppers Summer Camp is designed to meet the needs of children for the developmental experiences in all areas of growth within a group setting. Under certain circumstances, the parent(s) may be asked to withdraw their child from camp; that child will not be able to return for the rest of the summer.

Criteria for dismissal:

- second instance of a camper arriving prior to 7:30 a.m. or departing later than 5:30 p.m.
- third notice to parent about behavioral problems; this will warrant being asked to leave for the summer
- a final warning will be issued to parents before dismissal
- refunds will not be given when dismissal is issued for these reasons
- the Aquatics/Community Programs Supervisor and/or Parks and Recreation Director reserves the right to dismiss child after less notice due to significance of incident

I have read the terms of this agreement and I understand and agree to the contents.

Parent/Guardian Signature _____ Date _____

behavior agreement form

Parents: Please take a moment to review the following agreement with your camper. Signify that you both understand and agree to each statement by initialing the boxes.

[] I will arrive and remain at camp with a positive attitude, open to meeting new people and trying new activities.

[] I will work with my counselors and fellow campers towards creating an environment that is safe and welcoming for each of us.

[] I understand that doing intentional harm or bullying another camper, either physically or emotionally, is grounds for dismissal from camp.

[] I understand that although I may be able to solve some conflicts on my own, the counselors are always ready to listen and assist if there is a problem. I understand that my counselors and all of the camp staff need and want to help but can only do so if I am willing to share concerns that I have with them.

[] I will remain with my counselor and partake in the activities of my session as required.

[] I will use appropriate language and understand that the use of excessive, deliberate, profane language will not be accepted.

[] I will leave my cell phone and other electronic devices at home. I understand that if there is an emergency, the camp staff will allow me to use the phone and will pass on any urgent messages from home.

[] I will be respectful of the property and personal space of other campers and camp staff.

[] I will not possess smoking materials, lighters, matches, illegal drugs, alcohol or weapons of any kind on county land.

Montgomery County Parks and Recreation and the Frog Hoppers Summer Camp operate on a three-strike policy. The first infraction of behavior management will result in a verbal warning between staff and camper(s). The second infraction will result in a time-out/loss of activity participation privilege and a notification of the parent(s). A third infraction will result in a conference between the camper(s), parent(s), Camp Supervisor, Aquatics Supervisor and Parks and Recreation Director (if needed). This third infraction can result in removal from the camp program.

Refunds are not given for any camper who is sent home/removed from the program for disciplinary reasons.

By signing below, I am stating that I have read and agree to abide by all policies contained within the behavior agreement. Furthermore, I certify that I have discussed all the policies and their meanings and consequences with my child(ren).

Parent/Guardian Signature _____ Date _____

10 Frog Hoppers' handbooks

I certify that I have received a copy of the Frog Hoppers Summer Camp Emergency Plan Handbook and the Frog Hoppers Summer Camp Parent Handbook.

I certify that I have read both handbooks thoroughly and understand the contents.

Child's name _____

Parent/Guardian name _____
(please print)

Parent/Guardian signature _____

Date _____



have a great summer!

